

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-873)

SERIAL NO.
10/088737
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER THINNING		AFTER RELAXATION	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	43		43			
TOTAL DEP.						
TOTAL CLAIMS	43		43			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUSTMENTS

BEST AVAILABLE COPY